PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.

Complete if Known

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		118). Appl			10/520,406-Conf. #5490		
FEE TRANSMITTAL					January 6, 2005		
		First			Mitsuaki Iwashita		
FOFF1 2009		Exan	Examiner Name S		S. R. MacArthur		
Applicant claims small entity sta	tus. See 37 CFR 1.27	Art U	nit		792		
TOTAL AMOUNT OF PAYMENT	(\$) 940.00	Attor	ney Docket	No.	KH-0034		
METHOD OF PAYMENT (chec	(all that apply)						
Check Credit Card	Money Order	None	Other	(please ident	ify):		
X Deposit Account Deposit Account	t Number: 18-00	13	Deposit /	Account Name	Rader, Fishm	nan & Gra	uer PLLC_
For the above-identified dep	osit account, the Direc	ctor is heret	y authorize	ed to: (chec	k all that apply)		
X Charge fee(s) indicate	ed below		Charge	e fee(s) ind	icated below, ex	cept for t	he filing fee
Charge any additiona fee(s) under 37 CFR	fee(s) or underpayment. 16 and 1.17	nts of	x Credit	any overpa	yments		
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND	EXAMINATION FEES						
F	ILING FEES	SEARCH		EXAMIN	ATION FEES		
Application Type Fee	Small Entity \$) Fee (\$) Fee	<u>ы</u> өө (\$)	nall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility 330		540	270	220	110		
Design 220		100	50	140	70		
Plant 220	· -	330	165	170	85		
Reissue 330		540	270	650	325		
Provisional 220		0	0	0	0		
2. EXCESS CLAIM FEES	, ,,,	·	Ū	•	•		Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including R	eissues)					52	26
Each independent claim over 3	(including Reissues))				220	110
Multiple dependent claims						390	195
Total Claims Extra Clain	ns <u>Fee (\$)</u>	Fee Pai	d (\$)	<u>M</u>	ultiple Depende	ent Claims	3
or HP =	x =			Fee	<u>e (\$)</u> <u>F</u>	ee Paid (<u>\$)</u>
HP = highest number of total claims paid f	-	F B . !	(0)				
Indep. Claims Extra Clair - or HP =		Fee Pai	a (\$)				
- or HP = HP = highest number of independent clain							
3. APPLICATION SIZE FEE	. , .						
If the specification and drawing	s exceed 100 sheet	ts of pape	(excludin	g electron	ically filed seq	uence or	computer
listings under 37 CFR 1.52 sheets or fraction thereof.	e)), the application s	size fee du (1)(G) and	ie is \$270 I 37 CFR	(\$135 for 1.16(s).	small entity) for	or each a	dditional 50
Total Sheets Extra She	Number of e	ach addition	al 50 or frac	tion thereof	Fee (\$)	<u>Fee</u>	Paid (\$)
100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity							
Other (e.g., late filing 1251 Extension for response within first month 130.00 surcharge): 1801 Request for continued examination (RCE) (see 37 810.00							
SUBMITTED BY							
Signature (ill)			ration No. ey/Agent)	29,211	Telephone	(202) 95	55-3750
Name (Print/Type) Sarl-Schaukowi	ch				Date [Decembe	15, 2008

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9	DEC	15	2008	93.\ <i>iu</i> /
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Under the Paperwork Reduction Act of	1995, no person are required to		mation unless it displays a valid OMB control number			
Effective on 12/08/2004.		Complete if Known				
Fees pursuant to the Consolidated Appropri		Application Number	10/520,406-Conf. #5490			
FEE TRANSI	MITTAL	Filing Date	January 6, 2005			
		First Named Inventor	Mitsuaki lwashita			
For FY 20	09	Examiner Name	S. R. MacArthur			
Applicant claims small entity statu	s. See 37 CFR 1.27	Art Unit	1792			
TOTAL AMOUNT OF PAYMENT	(\$) 940.00	Attorney Docket No.	KKH-0034			
METHOD OF DAVMENT (sheet)	- II Ab - A b A					

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METHOD OF PAYMEN	VT (check all t	hat apply)		····				
Check Credit	Card N	loney Order	None	Other	(please identif	y):		
x Deposit Account Dep	osit Account Numb	per:18-	0013	Deposit /	Account Name:_	Rader, Fishr	nan & Gra	auer PLLC
For the above-ider	tified deposit a	account, the D	irector is he	reby authorize	ed to: (check	all that apply)		
x Charge fee(s	indicated be	low		Charge	e fee(s) indic	cated below, e	cept for t	he filing fee
X Charge any a fee(s) under	additional fee(s	s) or underpay and 1.17	ments of	x Credit	any overpay	ments		
FEE CALCULATION		-						
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEI	ES					
		G FEES	SEAR	CH FEES	EXAMINA	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
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Provisional	220	110	0	0	0	0		
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Fee Description							Fee (\$)	Fee (\$)
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Each independent claim Multiple dependent claim	•	uaing Keissu	es)				220	110
,		5 (A)	F1	D_:_ (A)	88	Mala Danaad	390	195
Total Claims E:	xtra Claims	Fee (\$)	F00	Paid (\$)	<u>wiu</u> Fee	Itiple Depend	ent Claims Fee Paid (_
HP = highest number of total cl	aims paid for, if g				ree	<u>141</u> .	oo raid i	ET.
Indep. Claims E	xtra Claims	Fee (\$)	Fee	Paid (\$)				_
- or HP =	×							
HP = highest number of indepe	indent claims paid	for, if greater tha	n 3.					
 APPLICATION SIZE FE If the specification and listings under 37 CI sheets or fraction the 	drawings ex FR 1.52(e)),	the application	on size fee	due is \$270	(\$135 for s			
Total Sheets	Extra Sheets	Number	of each addi	tional 50 or frac	tion thereof	Fee (\$)	<u>Fee</u>	Paid (\$)
- 100 = _		/50 =	(rc	ound up to a who	le number) x		=	
4. OTHER FEE(S) Non-English Specific	ation, \$130	fee (no sma	II entity				Fees	Paid (\$)
Other (e.g., late filing				onse within fi				30.00
surcharge):	$\frac{1}{1}$	301 Request	for continu	ued examinat	tion (RCE)	(see 37	8	10.00
SUBMITTED BY	1/							

SUBMITTED BY		1/				,
Signature	(all)	se	Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750
Name (Print/Type)	Serl-Scha	aukowitch			Date	December 15, 2008